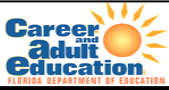


2011/2012 - AGREEMENT - Between School System District CTE Representative and the Perkins PDI



This form is to be used for School Districts to request reimbursement for CTE Certification Workshops.

The following is to be filled in by the organization representative requesting reimbursement

Name of the organization requesting reimbursement:	EIN # or Fed. ID #:
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Address where check is to be sent: _____

Reimbursement Requested for the Following:

Use Official Certification Titles and FLDOE Numbers from the FLDOE Technical Skills Attainment Inventory

Cert. Title: _____ FLDOE# _____

Location of training: _____

Name of Vendor or instructor: _____

Contact Information for above: (phone) _____
(email) _____

Anticipated number of teachers attending: _____

Maximum number of teachers that can attend: _____

NOTE: At least 12 teacher applications must accompany this application.
(see terms & conditions item #6 below)



Cost or Estimate for Vendor or Instructor: \$ _____

Cost or Estimate of Travel for Vendor or Instructor: \$ _____

Cost of Training and Materials (per teacher): \$ _____

Cost of Certification Exams (per teacher): \$ _____

NOTE: Reimbursements can be claimed only after completion of training/testing and upon submission of the following:

- Invoice (can be a simple letter or email)
 - Attendance verification (Roster or other form)
 - Proof of payment (for training/materials/testing)
 - Copy of certification(s) earned
- (See Terms & Conditions item # 5 below for details)

Official Use Only - Do not write in this space

Agreement # _____ Vendor # _____

Applications attached = _____

Cost for Anticipated # = \$ _____

Cost for Maximum # = \$ _____

AGREEMENT NOT TO EXCEED: \$ _____

Date training begins: _____

Date training ends: _____

Time training begins: _____

Time training ends: _____

NOTE: No vendor commitments can be made until this form is approved by the Perkins PDI.

Signature of authorized organization representative: (Organization Representatives agrees to the following Terms and Conditions)

Signature: _____ Title: _____ Date: _____

Print Name: _____ e-mail Address: _____

TERMS AND CONDITIONS (Please read)

1. This Agreement is entered into between the Perkins Professional Development Institute (PDI) and the above-named organization representative.
2. The PDI agrees to reimburse the above-named organization for training and certification expenses described during the period indicated, and the above-named person or organization shall be reimbursed at the rate indicated.
3. The above-named organization representative agrees to comply with all requirements stated in this agreement. **It is further understood that, at its option, the PDI may cancel this agreement any time prior to the commencement of the contract period. In this event, the PDI has no obligation of any kind. All Agreements are void after June 15th, 2012.**
4. This contract shall, at all times be subject to any and all laws, Florida State Board of Education rules and policies now existing or hereafter enacted or promulgated.
5. The above named organization representative, in order to be reimbursed, will assure that all documents related to this agreement (rosters, test results, receipts for vendor, materials, or examinations, and other related documents) are packaged and submitted to the Perkins PDI with an invoice when certification testing has been completed.
6. Prior to approval by the Perkins PDI, the organization representative **must submit at least twelve (12) applications from eligible teachers along with this application.** Applications from eligible teachers in other school districts can be combined with your teacher application to make the 12 required applications. Call Brian Voge at 352-854-2322 ext 1669 if you have questions.



College of Central Florida, Perkins Professional Development Institute Approval:

Cheryl Fante, Perkins PDI Director at the College of Central Florida

Date Approved

**FAX to 352-873-5870 or E-MAIL to VOGEB@CF.EDU or MAIL to:
Dr. Cheryl Fante, Perkins Professional Development Institute, College of Central Florida, Ewers Century Center, Room 202B,
3001 College Road, Ocala, FL 34474-4415 - <http://www.cf.edu/departments/instruction/workforce/perkins/>**

NOTE: Incomplete or unsigned applications and applications that do not meet FLDOE standards will be rejected.